▲ Intellectual Property Administration   PATENT APPLICATION
P. O. Box 272400
Fort Collins, Colorado 80527-2400   ATTORNEY DOCKET NO. __10971523 -4__

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):   Charles R. Weirauch et al   **RECEIVED**   Confirmation No.: 8145

                                        CENTRAL FAX CENTER

Application No.: 09/921024   **DEC 1 3 2004**   Examiner: Dinh, Tan X

Filing Date: Aug 02, 2001   Group Art Unit: 2653

Title: Data Structure For Control Information On Rewritable Data Storage Media

Mail Stop Amendment
Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

(X) Response/Amendment   ( ) Petition to extend time to respond
( ) New fee as calculated below   ( ) Supplemental Declaration
( ) No additional fee
( ) Other: _____ (fee $_____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	2	MINUS	20	= 0	X $18	$ 0
INDEP. CLAIMS	1	MINUS	3	= 0	X $88	$ 0
[ ] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ $300	$ 0
EXTENSION FEE	1ST MONTH $110.00	2ND MONTH $430.00	3RD MONTH $880.00	4TH MONTH $1530.00		$ 0
				OTHER FEES		$
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			$ 0

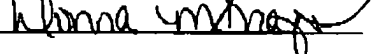Charge $____0____ to Deposit Account 08-2025. At any time during the pendency of this
application, please charge any fees required or credit any overpayment to Deposit Account 08-2025
pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37
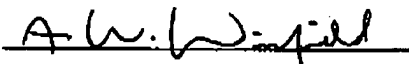CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

(X) I hereby certify that this paper is being transmitted   Respectfully submitted,
to the Patent and Trademark Office facsimile
number _(703) 872-9306___ on __Dec. 13, 2004__   Charles R. Weirauch et al
Number of pages: 4

Typed Name: Donna M Kraft   By _____
                                                      Augustus W Winfield
Signature: _____
                                                      Attorney/Agent for Applicant(s)
                                                      Reg. No.   34,046

                                                      Date: Dec. 13, 2004

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INDEP. CLAIMS	1	MINUS	3	= 0	X $88	$ 0
( ) FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ $300	$ 0

EXTENSION FEE	1ST MONTH $110.00	2ND MONTH $430.00	3RD MONTH $980.00	4TH MONTH $1630.00	$ 0
				OTHER FEES	$
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		$ 0

Charge $_____0_____ to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 08-2025 under 37 CFR 1.16, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

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